

**RatnerPrestia**

WE SPECIALIZE IN THE LAW OF CREATIVITY®

RECEIVED
CENTRAL FAX CENTER

DEC 17 2004

☒ Suite 301, One Westlakes, Berwyn
P.O. Box 980
Valley Forge, PA 19482-0980
Phone: 610-407-0700
Fax: 610-407-0701

☐ Nemours Building
1007 Orange Street, Suite 1100
P.O. Box 1596
Wilmington, DE 19899
Phone: 302-778-2500
Fax: 302-778-2600
www.ratnerprestia.com

☐ Suite 265
Commerce Corporate Center
5100 Tilghman Street
Allentown, PA 18104
Phone: 610-530-8100
Fax: 610-530-8200

FAX FILING IN U.S. PATENT & TRADEMARK OFFICEDATE: December 17, 2004

TIME: _____

TO:	Examiner Donnie L. Crosland	FAX NO.:	1-703-872-9306
FROM:	Christopher J. Dervishian	ADMIN. ASST.:	Patricia C. Boccella
APPLN. NO.:	10/806,371	ATTY. DOCKET NO.:	RFID-109US
TITLE OF APPLN.: COMMUNICATIONS ARCHITECTURE FOR A SECURITY NETWORK			
FILING DATE:	March 23, 2004	ART UNIT:	2636
FIRST INVENTOR:	Louis A. Stilp	CONF. NO.:	2218
TITLE OF DOCUMENT (and List of Attachments): Transmittal and Power of Attorney and Correspondence Address Indication Form			

Total Number of Pages: 3 (including this form)

COMMENTS

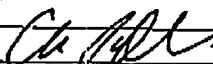
CONFIDENTIAL AND PRIVILEGED ATTORNEY/CLIENT INFORMATION

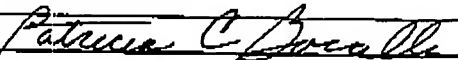
This facsimile transmission (and/or documents accompanying it) may contain attorney/client privileged communications and confidential business information that is intended for use only by the individual or company to whom it is addressed. Disclosure, interception, copying or any other use of this transmission by anyone other than any intended recipient is prohibited. If you receive this transmission by mistake, please notify the sender.

Please notify us immediately if you have not received the number of pages indicated above.

PTO/SB/21 (04-04) (AW 06/2004)
 Approved for use through 7/31/2008. OMB 0651-0031
 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/808,371
	Filing Date	March 23, 2004
	First Named Inventor	Louis A. Stulp
	Art Unit	2836
	Examiner Name	Donnie L. Crestland
Total Number of Pages in This Submission 2		Attorney Docket No. RFID-109US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT		
Firm or Individual Name	Christopher Dervishian	Registration No. (Attorney/Agent) 42,480
Signature		
Date	December 17, 2004	

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Typed or printed name	Patricia C. Boccella		
Signature		Date	December 17, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/81 (11-04) (AW 11/2004)

Approved for use through 11/30/2005. OMB 0651-0035

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
AND
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/806,371
Filing Date	March 23, 2004
First Named Inventor	Louis A. Stilp
Title	COMMUNICATIONS ARCHITECTURE FOR A SECURITY NETWORK
Art Unit	2636
Examiner Name	Donnie L. Crosland
Attorney Docket Number	RFID-109US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23122

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number:

OR

☐ Firm or
Individual Name

Address

Address

City

Country

State

Zip

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Louis A. Stilp</i>	Date	12/17/04
Name	Louis A. Stilp	Telephone	(610) 727-3930
Title and Company	CEO, Securix, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.